Fax: (207)287-9229

TTY: (888)720-1925



MAINECARE HOME HEALTH DISCHARGE NOTICE

Dat	te:	MaineCare #:	
Me	ember:	Address:	
Dea	ar,		
		has decided that as of	
		ly eligible for Home Health Services as described in Section 4	
		ns that MaineCare will no longer pay for your home healt	h car
as (of/, 14 days from today.		
Wi	hat will happen next?		
1.	A nurse from Goold Health Systems will c including:	come to your home to review your medical and nursing needs	
	 How much help you need with nursing care; and 		
	<u> </u>	or personal care (dressing and bathing), and how much help yo e (housework, laundry and groceries).	u
2.	After the assessment is completed, the nurs program.	se will tell you if you are eligible for a MaineCare long-term of	care
	If you ARE eligible for a MaineCare long stay in place until the new program services	g-term care program, your current Home Health services may es start.	
	If you ARE NOT eligible for a MaineCar will end on	re long-term care program, your current Home Health Services	3
If y	you have questions concerning this decision,	, you may contact us at or you may contact	t the
Off	Fice of Elder Services at 1-800-262-2232. A	A copy of Section 40.02-3 is available on request.	
Sin	cerely,		
		(Agency Name)	
Enc	cl. Hearing Rights		
Phys	sical Location of: ce of Elder Services	(207)287-9200 Toll Free: (800)262-223	

The Maine Department of Health and Human Services, The Office of Elder Services

442 Civic Center Drive

Augusta, Maine 04333-0011